

State of California – CALTRANS  
**REQUEST FOR TRANSFER EXAM**  
**STAFF SERVICES ANALYST (GENERAL)**  
PM-0961 (Rev 09/2015)

**CONFIDENTIAL**  
This document contains personal information and pursuant to Civil Code 1798.21 shall be kept confidential in order to protect against unauthorized disclosures.

**COMPLETED BY APPLICANT**

NAME (Last)	(First)	(M.I.)	EMPLOYEE ID (Staff Central)	SOCIAL SECURITY NUMBER (Last 4 digits only)
MAILING ADDRESS (Number)			(Street)	WORK TELEPHONE NUMBER
(City)	(County)	(State)	(ZIP Code)	HOME TELEPHONE NUMBER

1. Are you currently employed by CALTRANS? ☐ YES ☐ NO

Division: \_\_\_\_\_ Position Number: \_\_\_\_\_

2. Do you need reasonable accommodation to take a written test?  
(If "Yes", you will be notified to make special arrangements) ☐ YES ☐ NO

3. Please identify the classification of your highest earning appointment by Certification or Board of Action:

**Note:** Consideration for lateral transfer is based on appointments by Certification or Board action.

4. Indicate exam location preference: (check all applicable boxes)

- ☐ Northern Districts (1 and 2) ☐ Southern Districts (7,8,9,10, and 12)  
☐ Central Districts (3,4,5,6, and 10) ☐ HQ (Sacramento)

I certify that the above information is true and accurate:

SIGNATURE	DATE
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SEND REQUESTS TO:

**CALTRANS**  
**OFFICE OF EXAMINATION & RECRUITMENT SERVICES (MS-86)**  
**P.O. BOX 168036**  
**SACRAMENTO, CA 95816-8036**

**FOR OFFICE OF EXAMINATION AND RECRUITMENT SERVICES USE ONLY**

TRANSFER ELIGIBILITY VERIFIED BY:		(Name of Reviewer)
<input type="checkbox"/> ACCEPTED	Classification	<input type="checkbox"/> REJECTED: (Provide reason for rejection)
	Class Code	
	Salary	
DATE TEST SCHEDULED	DATE NOTIFIED OF TEST	TOTAL POINTS
SCORED BY:	(Exam Analyst)	
<input type="checkbox"/> PASSED		<input type="checkbox"/> FAILED
DATE SCORE ENTERED	DATE RESULTS SENT	

**Privacy Statement**

This information is requested by CALTRANS, Human Resources – Examination Office per State Personnel Board Rule 174. Disclosure of Social Security Number is required to verify civil service eligibility for the SSA transfer exam.

**ADA Notice** For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.